

PROPOSAL FORM

INDUSTRIAL ALL RISKS INSURANCE POLICY



INSTRUCTIONS

The Insurer is under no obligation to accept this proposal for insurance. Receipt of this Proposal Form by the Insurer along with the premium payment does not tantamount to acceptance of the proposal for insurance by the Insurer or result in a concluded contract of insurance.

The liability of the Insurer does not commence until the proposal has been accepted by the Insurer and the premium paid and upon full realization of the premium payment by the Insurer, which acceptance shall be specifically intimated to the Proposer by the Insurer along with the date from which the insurance Cover shall become effective. The insurance cover shall only be effective from the date as intimated by the Insurer. If the Insurer does not accept the Proposal, the Insurer will inform you and refund any payment received from you without interest.

For Office Use only:

Branch office Code :
 Broker/Agent Name : Code :
 Business Type : Rural ☐ Non-rural ☐ Sales Channel Type: Agency ☐ Direct ☐ Corporate/ broker ☐

PROPOSER'S DETAILS

Name of the Proposer:
 Contact Person (in case of Corporate):
 Present Address*:
 (Current Residing Address)
 City: Village:
 Gram Panchayat: State:
 PIN code: Landmark:
 My Present Address is same as Permanent Address ☐
 Permanent Address*:
 City: Village:
 Gram Panchayat: State:
 PIN code: Landmark:
 E-mail Id
 Contact No*.: Alternate No.:
 PAN*: / Form 60/61 (if Available): ☐ Aadhaar Card No.:
 Policy Period : From To
 Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

FINANCIAL INSTITUTION DETAILS

Name of Financier
 Address of Financier
 Road name Area
 City Pin Code State

RISK DETAILS

Description of Business/
 Business Activity

RISK LOCATION DETAILS

Risk Location Address
 Road name Area
 City Pin Code State

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Industrial All Risks Insurance Policy, UIN: IRDAN144CP0006V01201011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

CONSTRUCTION DETAILS

Risk Location:	Type of Construction -	Superior <input type="checkbox"/>	Standard <input type="checkbox"/>
	Height of Building (in Metres)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of Floors (ex Basements) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Number of Basements	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age of Building <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FIRE PROTECTION DETAILS

	Risk Location 1	Risk Location 2
Hand Appliances & Trailer Pumps / Fire Engines		
Hand Appliances & Hydrant System		
Hand Appliances & Independent Sprinkler Fixed Water Spray System		
Hand Appliances & Hydrant System & Independent Sprinkler /Fixed Water Spray System		

SECTION I - MATERIAL DAMAGE

Particulars	Risk Location		Remarks
	1	2	
Building			
Plant & Machinery			
Furniture & Fixture			
Piping			
Cabling			
Stock & Stock in process			

ADD ON COVERS

Architects, Surveyors & Consulting Engineers Fees Debris Removal, Omission to Insure additions alternation extension Terrorism
 * for full list of add on covers available, please refer annexure 1

Risk Location	
1	2

SECTION I - VOLUNTARY DEDUCTIBLES

Do you want to opt for Voluntary Deductibles	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please choose the slab mention below	
5% of the claim amount subject to minimum of ₹ 10 Lakhs	<input type="checkbox"/>
5% of the claim amount subject to minimum of ₹ 15 Lakhs	<input type="checkbox"/>
5% of the claim amount subject to minimum of ₹ 20 Lakhs	<input type="checkbox"/>
5% of the claim amount subject to minimum of ₹ 25 Lakhs	<input type="checkbox"/>

SECTION II -BUSINESS INTERRUPTION

Amounts to be insured -SectionII (Business Interruption)

Particulars	Amount of Insurance
Gross Profit	
Auditors Fee	
Total Sum Insured	

SECTION II -VOLUNTARY DEDUCTIBLES (BUSINESS INTERRUPTION)

Do you want to opt for Voluntary Deductibles	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please choose the slab mention below	
7 days Gross Profit subject to minimum of ₹ 10 Lakhs	<input type="checkbox"/>
14 days Gross Profit subject to minimum of ₹ 15 Lakhs	<input type="checkbox"/>
21 days Gross Profit subject to minimum of ₹ 20 Lakhs	<input type="checkbox"/>
28 days Gross Profit subject to minimum of ₹ 25Lakhs	<input type="checkbox"/>
35 days Gross Profit subject to minimum of ₹ 25Lakh	<input type="checkbox"/>
Do you want to extend Section II (Business Interruption) to Machinery Loss of Profits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify the Indemnity Period in Months	<input type="text"/> <input type="text"/> Months

Time Excess:- 7 days ☐ 14 days ☐ 21 days ☐ 28 days ☐ 45 days ☐ 60 days ☐

In case of Machinery Loss of Profits, please give details for Critical Machines as per format below

Description of Critical Machine	Relative Importance	Reserve Capacity	Spare Parts Available Y/N	Number of Shifts	Age	Foreign Machinery Y/N	Remarks

CLAIMS EXPERIENCE DETAILS

Please give premium and claims details for last 3 policy periods

Policy Period	<input type="text"/>	Premium Paid	<input type="text"/>
Incurred Claim (Paid + outstanding)	<input type="text"/>	Nature of claim/section	<input type="text"/>
Policy Period	<input type="text"/>	Premium Paid	<input type="text"/>
Incurred Claim (Paid + outstanding)	<input type="text"/>	Nature of claim/section	<input type="text"/>
Policy Period	<input type="text"/>	Premium Paid	<input type="text"/>
Incurred Claim (Paid + outstanding)	<input type="text"/>	Nature of claim/section	<input type="text"/>

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Nominee Details*:**Nominee 1**

*Name:																					
*Relationship with Nominee:											*Date of Birth of Nominee:	DDMMYYYY									
Mobile no.:											Email Id:										
Percent of Claim Payable:																					
Permanent Address:																					
Bank details of nominee:	Bank Name:										Branch Name:										
	Bank Account Number:										IFSC Code:										
*Where Nominee is a minor, please give the details of Appointee/Authorized person.																					
*Name:																					
*Relationship with Nominee:											*Date of Birth:	DDMMYYYY									
Bank details of Appointee:	Bank Name:										Branch Name:										
	Bank Account Number:										IFSC Code:										

Nominee 2

*Name:																					
*Relationship with Nominee:											*Date of Birth of Nominee:	DDMMYYYY									
Mobile no.:											Email Id:										
Percent of Claim Payable:																					
Permanent Address:																					
Bank details of nominee:	Bank Name:										Branch Name:										
	Bank Account Number:										IFSC Code:										
*Where Nominee is a minor, please give the details of Appointee/Authorized person.																					
*Name:																					
*Relationship with Nominee:											*Date of Birth:	DDMMYYYY									
Bank details of Appointee:	Bank Name:										Branch Name:										
	Bank Account Number:										IFSC Code:										

Premium Payment And Bank Account Details*:

Premium Amount ₹											Cheque No./ Pay Ref. No.:											Date:	DDMMYYYY									
Premium payment option: Cheque <input type="checkbox"/> DD <input type="checkbox"/> Debit Card / Credit Card <input type="checkbox"/> EFT <input type="checkbox"/>																																
Bank Name:										Branch Name:																						
IFSC Code:										Bank Account No																						
Card Details* Master <input type="checkbox"/> Visa <input type="checkbox"/> Others <input type="checkbox"/>										Card No* <input type="text"/>										Expiry Date* <input type="text"/>												
SBI GI does not accept Cash for Premium Payments against the Policy.																																

BANK ACCOUNT DETAILS FOR PROCESS OF REFUND*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder																					
Bank Name:											Branch Name:										
Bank Account No.:											IFSC Code:										
MICR Code:																					

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

KYC Documents Attached:

☐ Pan Card ☐ Passport ☐ Government UID ☐ Voter's Identity Card ☐ Aadhaar Card ☐ Telephone Bill
☐ Ration Card ☐ Driving Licence ☐ Electricity Bill ☐ Utility bills not older than 2 months ☐ Registration Certificate

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company/ies has/have right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: ☐ Indian ☐ Non-Indian ☐ Non-resident Indian(NRI) ☐ Others

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes ☐ No. Customer can submit CKYC form for updation.

Recent photograph of proposer.
(Photograph is required, if customer does not have CKYC ID)

Signature of Proposer

DECLARATION BY PROPOSER

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated.
- I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
- The details filled in the proposal form would be used for new as well as for renewal purposes.
- Do you suffer from any disability? Yes ☐ No ☐ If Yes, please state the type of disability. _____
Please share the percentage of disability. _____

Place: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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Signature of Proposer

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No.: _____

Date: Place:

Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS*:I have an eIA Number (a) NSDL Database Management Ltd ☐(b) Centrico Insurance Repository Limited (Formerly
Known as CDSL Insurance Repository Limited) ☐(c) Karvy Insurance Repository Ltd. ☐(d) CAMS Insurance Repository Services Ltd ☐My CKYC No. (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date: Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).**DECLARATION (IF SIGNED IN VERNACULAR LANGUAGE / IF YOU HAVE AFFIXED THUMB IMPRESSION ABOVE)**

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/Primary Insured)

_____ adult and inhabitant of (city) and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

Place: _____

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the details of beneficiaries to the Company as and when required."

2. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. "Controlling ownership interest" means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;

2. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **fifteen percent of capital or profits of the partnership**.

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals**.

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

3. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).